

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/740256**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2							52		1				
3							53		1				
4							54		1				
5							55		1				
6							56		1				
7							57		1				
8							58		1				
9							59		1				
10							60		1				
11							61		1				
12							62	1					
13							63		1				
14							64		1				
15							65		1				
16							66		1				
17							67		1				
18							68		1				
19							69		1				
20							70		1				
21							71		1				
22							72		1				
23							73		1				
24							74		1				
25							75		1				
26							76		1				
27							77						
28							78						
29							79						
30							80						
31							81						
32			1				82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45				1			95						
46				1			96						
47			1	1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.		1					TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	42					
TOTAL CLAIMS							TOTAL CLAIMS	46					